

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 04/14/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/15/2008						
		FINANCIAL PAYER: NCTM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	5404	228	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	189	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	909	6009	5100
		8800	169	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8505	846	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		537	781	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	1804	8570	6766
		191	54	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8800	324	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	399	5908	5509
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAMBA COUNTYM ENTAL HEALT	8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	54	3039	2945
		3746	6	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				
3404913	MECKLENBURG COM ENTAL HEALT	8800	1937	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	1028	DUPLICATE OF CLAIM-SYSTEM	0	4301	170239	1 65938
		8326	353	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404916	CROSSROADS BEHA VIGORAL HEAL	8800	150	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		79	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	194	1901	1707
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	284	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	68	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	533	4069	3536
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	85	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	117	1017	900
		8536	5	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASHEL L AREA MH D	8534	195	SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		79	141	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	474	13099	12625
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	929	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	234	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1356	2877	1521
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8800	1233	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		191	49	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	1317	3791	2474
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8800	211	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	342	3791	3449
		21	36	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	21	12405	DUPLICATE OF CLAIM-SYSTEM				
		8800	1738	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	15175	212094	1
		191	328	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	44	SERVICE REQUIRES PRIOR APPROVA L	0	212	3013	2801
		8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404927	CUMBERLAND CO M HC	8329	37	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	72	1543	1471
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	584	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3102	542	THE TAXONOMY CODE FOR THE BILL ING PROVIDER IS MISSING	0	1456	2791	1335
		8326	144	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404931	WAKE CO HUM SVC BILLING OF	8505	425	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	302	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	21	1164	2866	1702
		21	90	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	5217	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	578	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5991	6365	374
		8599	155	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	380	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		143	208	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	903	1923	1020
		11	121	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8654	6	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		0	0		0	6	2733	2727
3404939	EAST CAROLINA B EHAVIORAL H	8800	317	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	526	5800	5274
		7001	51	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8534	44	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		8599	25	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	178	1470	1292
		79	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMAN SERVICES	8599	28	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	37	2000	1963
		8536	2	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PROVIDER				
3404946	FOOTHILLS AREA MENTAL HEALTH	79	62	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		23	1	SERVICE REQUIRES PRIOR APPROVAL	0	63	84	21
3404949	PIEDMONT BEHAVIORAL HEALTH	537	8	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
		8000	7	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL	0	16	48	32
		3101	1	THE TAXONOMY CODE FOR THE ATTENDING PROVIDER IS MISSING				